PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR -8 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L05000110453

1. Limited Liability Company's Name

THE RELATIONSHIP ORGANIZATION, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2875 N.E. 191ST STREET		2875 N.E. 191ST STREET	
Suite, Apt. #, etc. 901		Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180	Country US	Zip 33180	Country US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/15/08

6. FEI Number: 20-3824590 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($30.00 Additional Fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: GEORGE MENOUTIS

Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191 ST. #901

Suite, Apt. #, Etc.: #901

City: AVENTURA State: FL Zip Code: 33180

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: G. Menoutis Date: 1-17-08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ochoa Psychological Services, Inc.	6850 S. OCEAN DR. #2505	HALLANDALE BCH, FL 33009
MGRM	George Menoutis	10989 NASHVILLE DR.	COOPER CITY, FL 33026
			01/18/08 01042005 # 416.25
		REINSTATEMENT	06 08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: G. Menoutis Date: 1-17-08 Daytime Phone #: 305-931-6446

Typed or printed name of signing Managing Member/Manager: GEORGE MENOUTIS